

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025017

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 5493 Registrar's No. 153

FILED JUN 24 1963

1. PLACE OF DEATH

a. COUNTY

LIVANSTON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

DAWN

Length of stay in 1b

3 hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

No Street Address

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

DAVIESS

c. CITY
OR TOWN

WINSTON

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

No Street Address

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DORA ETHEL CLARK

4. DATE
OF DEATH

Month

Day

Year

6-17-1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-14-1889

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days

5 3

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

HIRAM CRONE

13b. MOTHER'S MAIDEN NAME

EVA ANDREW

14. NAME OF HUSBAND OR WIFE

WIDOWED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

GRACE APPLEBURY. DAWN MO

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to 6-17-63 and last saw him alive on 6-16-63
Death occurred at 1:00 PM 6-17-63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

V.D. Vandiver M.D.

22b. ADDRESS

Chillicothe Mo

22c. DATE SIGNED

6-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

6-17-1963

23c. NAME OF CEMETERY OR CREMATORY

WINSTON

23d. LOCATION (City, town, or county)

WINSTON

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Virgil Stamp Winston, Mo

25. DATE RECD. BY LOCAL REG.

June 17, 1963

26. REGISTRAR'S SIGNATURE

Annette Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0590

2 0310

3

4 1

5 2

6

7 1

8 2

9 446X

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Virgil V. Strong

Licensed Embalmer No.

4074

P. O. Address

Winston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.